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Waste Management Division

REGISTRATION FORM FOR LANDFILLS NOT OPERATED AFTER JULY 9, 1981

pursuant to Part Env-Sw 309 of the New Hampshire Solid Waste Rules

INSTRUCTIONS

- (1) Complete this form by providing all requested information. If you need more space than provided on the form to answer a particular question, attach additional pages as necessary and mark each page clearly to indicate the section and question number being answered.
- (2) Submit TWO copies of the completed form, EACH bearing an ORIGINAL signature, to the following address:

New Hampshire Department of Environmental Services (DES)
Waste Management Division
Permitting & Design Review Section (P&DRS)
29 Hazen Drive, PO Box 95
Concord, NH 03302-0095

- (3) All references on this form beginning with "Env-Sw" are citations from the New Hampshire Solid Waste Rules. You may obtain a copy of the Rules from the DES Public Information and Permitting Office at (603) 271-2975 or TDD Access: Relay NH 1-800-735-2964. The Rules are also available on the Internet at http://www.des.nh.gov.
- (4) Your registration will be processed according to Env-Sw 309.04. You will be notified in writing whether the registration is complete and accepted. If complete and accepted, the registered facility shall be deemed exempt from the Rules. However, other action to assure proper closure may be required at the facility pursuant to other provisions of law.
- (5) For further assistance with completing this form, contact the DES P&DRS at (603) 271-2925, or at the above-noted mailing address or TDD Access: Relay NH 1-800-735-2964.

SECTION I. FACILITY IDENTIFICATION

(1)	Facility name:
(2)	Location by street address and municipality:
(3)	Facility mailing address:
(4)	Local tax map and lot numbers:
(5)	Deed reference by county, volume and page numbers:
(6)	Latitude and longitude of a known fixed point on the site:
(7)	Plot the location of the facility on a United States Geological Survey (USGS) topographic map, or copy thereof, prepared at a scale
	of 1:24,000 or 1:25,000. Attach and mark as "Attachment I(7)."
(8)	Provide written directions from a known point of reference in the vicinity of the facility site:

SECTION II. FACILITY OWNER IDENTIFICATION

(1)	Owne	er name:						
(2)	Owne	er mailing address:						
(3)	Owne	Owner telephone number:						
(4)	If different than above, identify the individual associated with and designated by the facility owner to be the contact individual for							
	matters concerning this facility:							
	(a)	Name: (b) Title:						
	(c)	Mailing address:						
	(d)	Telephone number:						

(5)	16.0	f = -10 f	described to the control of	t- Oti !!!			
(5)			dual, provide date of birth and				
(6)		If the facility owner is a corporation, partnership or other association, provide the following information as specified:					
	(a)	/ 					
	(c)	(b) State of incorporation/formation: (c) Principal business address:					
	(d)			chment II(6)(c)," the names and add	reseas of all directors officers and		
	(u)			ther general or limited), if for a partn			
		or participants, if for an	other type of association.	uner general or infined), in for a partit	cionip, or an principalo, membero		
				For a publicly traded corporation, ident	ify all shareholders owning 10% or		
		more of the corporation's e	equity or dept.				
	-		_				
SEC	CTIOI	N III. FACILITY OI	PERATOR IDENTIFIC	ATION			
(1)	Is the	facility owner also the fa	cility operator?	ES [if yes, skip questions (2) - (7) and go	to Section IVI		
(2)		ator name:	onity operator:	ES [ii yes, skip questions (2) (7) and go	o to dedicitivi		
(3)		ator mailing address:					
(4)		ator telephone number:					
(5)			the individual associated with	and designated by the facility opera	ator to be the contact individual for		
, ,		ers concerning this facility					
	(a)	Name:		(b) Title:			
	(c)	Mailing address:					
	(d)	Telephone number:					
(6)			provide date of birth and go t				
(7)	If the			ssociation, provide the following info	ormation as specified:		
	(a)	The facility is operated		artnership			
	(b)	State of incorporation/fo					
	(c)	Principal business addr					
	(d)			chment III(7)(c)," the names and add			
				ther general or limited), if for a partn	ersnip; or all principals, members		
		or participants, ir for and	other type of association.				
				For a publicly traded corporation, ident	ify all shareholders owning 10% or		
		more of the corporation's e	equity or debt.				
SEC	CTIOI	N IV. PROPERTY	OWNER IDENTIFICA	TION			
					oh the facility is situated?		
SE (1)	Is the	facility owner, as identific	ed in Section II of this form, al	so the owner of the property on which	ch the facility is situated?		
(1)	Is the	e facility owner, as identificon YES [if yes, skip qu		so the owner of the property on which	ch the facility is situated?		
(1)	Is the	e facility owner, as identificory YES [if yes, skip querty owner name:	ed in Section II of this form, al estions (2) - (7) and go to Section	so the owner of the property on which	ch the facility is situated?		
(1) (2) (3)	Is the No	e facility owner, as identifice of the property owner name: erty owner mailing address	ed in Section II of this form, al estions (2) - (7) and go to Section ss:	so the owner of the property on which	ch the facility is situated?		
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SECTION VI. STATUS OF FACILITY OPERATIONS							
(1)	(1) Date facility commenced operations (i.e., date facility began receiving waste):						
(2)							
		,					
	SECTION VII. TYPE OF OPERATIONS Identify the type(s) of waste management activities that were conducted at the facility:						
	Collection		Storage		Transfer		
	Processing		Treatment		Landfilling: open burning	g 🔲 li	ined unlined
	-						
SEC	CTION VIII. TYPE OF S	ERV	ICE				
(1)	Did this facility operate comme	ercially	? YES NO				
(2)	Did this facility receive waste (trol/juri	sdiction of the facility owner?	☐ YE	S □ NO
	•				•		
SEC	CTION IX. SERVICE AF	REA					
	ify the geographic region served nonly served.	by thi	s facility. If the facility recei	ved wa	ste from any source, so state	and id	entify area most
	CTION X. TYPE OF WA			ILIT'	Y		
	Asbestos		Putrescible waste		Construction & demolition debris		Mixed municipal solid waste
	Ash-household		Bulky waste (furniture, stumps, etc.)		Infectious waste		Tires
	Ash-municipal solid waste		Recyclable materials		White goods (appliances, etc.)		Yard waste
	Household hazardous waste		Contaminated soils		Hazardous waste		Sludge/septage
	Other (specify):						
SEC	CTION XI. FACILITY CA	APA	CITY & COVER				
(1)	Estimated volume (cubic yards						
(2)	Estimated maximum depth/hei						
(3)	Describe type of cover materia		ed over landfilled waste (e.g	., sand	l, gravel, clay, till, loam; vegeta	ated or	non-vegetated;
	estimated depth of each, etc.):						
(4)	(4) Estimated maximum depth of sever material:						
(5)							
(6)	Estimated maximum slope:		idio idi.				
(7)	Estimated minimum slope:						
(8)		ES (h	ow many?) 🔲 NO				
SECTION XII. ENVIRONMENTAL ASSESSMENT REPORTS							
(1)	Have any environmental asses						
(2)	If YES, attach a copy of each i	report,	including groundwater-mon	itoring	data if available.		

SECTION XIII. SIGNATURES

Note: Each copy of the form submitted to DES shall bear ORIGINAL signatures.

I hereby certify that, to the best of my knowledge and belief, the information and material submitted herewith is correct and complete. I understand that any approval granted by the New Hampshire Department of Environmental Services (DES) based on false and/or incomplete information shall be subject to revocation or suspension, and that administrative, civil or criminal penalties may also apply. I certify that this registration is submitted on a complete and accurate form, as provided by DES, without alteration of the text.					
Print Clearly or Type					
Facility Owner Name	Facility Owner Signature	Date			
Facility Operator Name (if different than Facility Owner)	Facility Operator Signature	Date			
Property Owner Name (if different than Facility Owner)	Property Owner Signature	 Date			